

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Section 3.19 **Special Populations**

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3.19.1 Introduction

ADHS/DBHS receives Federal Block Grant and State appropriations to deliver behavioral health services to special populations in addition to Federal Medicaid (Title XIX) and the State Children's Health Insurance Program (Title XXI) funding. This funding is awarded by Federal agencies and/or appropriated by the Arizona State Legislature and made available to ADHS/DBHS. ADHS/DBHS then provides financial assistance to each Regional Behavioral Health Authority (RBHA)* to ensure the delivery of covered behavioral health services in accordance with the requirements of the fund source.

This section is intended to present an overview of the major Federal Block Grants and other State programs that provide ADHS/DBHS and the public behavioral health system with funding to deliver services to persons who may otherwise not be eligible for covered behavioral health services. It is important for behavioral health providers to be aware of:

- Who is eligible and prioritized to receive services under these fund sources;
- What services are available through each fund source; and
- How covered services must be delivered as a condition of the grant or program.

3.19.2 References

The following citations can serve as additional references for this content area:

[42 USC 290cc-21 et seq.](#) (The Stewart B. McKinney Homeless Assistance Amendments Act of 1990)

[42 USC 300x-21 et seq.](#) (The Children's Health Act of 2000)

[42 CFR Part 54 Charitable Choice Provisions and Regulations](#)

[45 CFR Part 96 SAPT Block Grant Final Rules](#)

[A.R.S. §36-141](#)

[ADHS/RBHA Contract](#)

[ADHS/Gila River Health Care Corporation Intergovernmental Agreement](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Prevention Framework for Behavioral Health](#)

[Service Prioritization for Non-Title XIX/XXI Funding Section](#)

[Appointment Standards and Timeliness of Service Section](#)

* In most cases, Tribal RBHAs do not receive financial allotments for the grants and programs identified in this section. An exception is Gila River Healthcare Corporation that does receive SAPT Block Grant monies from ADHS/DBHS.

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[Referral Process Section](#)

[Outreach, Engagement, Re-engagement and Closure Section](#)

[Coordination of Care with Other Governmental Entities Section](#)

[Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance Section](#)

[Intake, Assessment and Service Planning Section](#)

[Covered Behavioral Health Services Section](#)

[Submitting Claims and Encounters Section](#)

[Enrollment, Disenrollment and Other Data Submission Section](#)

[Co-payments Section](#)

3.19.3 Scope

To whom does this apply?

Persons who are eligible to receive behavioral health services through the Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant, the Projects for Assistance in Transition from Homelessness (PATH) Program and the Correctional Officer/Offender Liaison (COOL) Program.

3.19.4 Did you know...?

SAPT Block Grant

- ADHS/DBHS is the designated single state agency in Arizona to administer the SAPT Block Grant. Each RBHA and the Gila River Healthcare Corporation (TRBHA) is allotted a set dollar amount by ADHS/DBHS to provide behavioral health services to the identified populations covered under the grant.
- Pregnant women and women (including teenagers) with children and their families receive the highest service priority under the SAPT Block Grant.
- T/RBHAs are required to develop, expand and enhance a continuum of specialized care for pregnant women and women with young children up to the full annual grant award for substance abuse treatment services.
- The ADHS/DBHS Bureau for Substance Abuse Treatment and Prevention Services maintains a library of scientifically sound outreach strategies for injection drug abusing populations that can be used to develop local programs.
- ADHS/DBHS provides technical assistance and free access to HIV test kits and specimen processing to support local implementation of HIV services. Contact the ADHS/DBHS Bureau for Substance Abuse Treatment and Prevention Services at (602) 364-4630.
- HIV drop-in centers provide outreach and on-site HIV risk assessment, testing and counseling services in Maricopa and Pima Counties. Outreach sites include community alcohol/drug treatment centers, clinics serving seriously mentally ill adults and other community agencies such as jails and homeless shelters.

PATH Program

- PATH funds are dedicated to outreach for persons who are homeless and potentially have a serious mental illness.

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COOL Program

- Every RBHA has at least one Correctional Officer/Offender Liaison (COOL) staff member who serves as the single point of contact to coordinate referrals and treatment between parole officers and behavioral health providers.
- In Maricopa County, the Community Transition Specialist Program was initiated to help coordinate housing and transition services for homeless offenders participating in the COOL Program. Up to 20 persons at a time are subsidized for short-term transitional housing in apartment units.
- In addition to case file reviews conducted by the RBHA for monitoring purposes, ADHS/DBHS conducts random case file reviews at least annually to ensure that the expectations of the COOL Program are met.

3.19.5 Objectives

To ensure that behavioral health providers are aware of:

- Specific Federal grants and State programs within the ADHS/DBHS public behavioral health system;
- Special populations and prioritized populations covered under each Federal grant and State program; and
- Responsibilities for delivering covered behavioral health services to the identified special populations.

3.19.6 Overview

Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant

The SAPT Block Grant is an annual formula grant provided to the states authorized by the United States Congress to support a national system of substance abuse treatment and prevention programs and services. The Block Grant supports primary prevention and treatment services for priority substance abuse populations and others through an annual allocation to Arizona. The SAPT Block Grant is used to plan, implement and evaluate activities to prevent and treat substance abuse and provide certain interventions for HIV and tuberculosis disease in high-risk substance abusers.

Projects for Assistance in Transition from Homelessness (PATH) Program

The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) awards PATH grants each fiscal year to all states that apply for funding. In Arizona, the awards are granted to ADHS/DBHS, which subcontracts with behavioral health providers who specialize in homeless outreach. ADHS/DBHS currently contracts directly with Southwest Behavioral Health Services to provide PATH services in Maricopa County. Northern Arizona Regional Behavioral Health Authority (NARBHA) and Community Partnership of Southern Arizona (CPSA) receive and administer PATH funding for their respective geographic service areas.

Homeless outreach services are interventions designed to assist individuals who are homeless and potentially have a serious mental illness. The services are to be provided in locations where persons who are homeless gather, such as food banks, parks, vacant buildings and the streets. ADHS/DBHS utilizes the PATH Formula Grant to provide an array of services to

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persons who are homeless and are determined to have a serious mental illness, including those with co-occurring substance abuse problems.

Correctional Officer/Offender Liaison (COOL) Program

The Correctional Officer/Offender Liaison (COOL) Program was established in 1998 to better serve the substance abuse treatment and behavioral health service needs of high-risk offenders on adult parole. Services are provided through an Interagency Services Agreement between the Arizona Department of Corrections and the Arizona Department of Health Services to ensure expedited treatment and increased coordination for persons transitioning from incarceration to community supervision.

3.19.7 Procedures

3.19.7-A. SAPT Block Grant

Who is covered and what populations are prioritized?

- SAPT Block Grant funds are used to ensure access to treatment and long-term recovery support services for:
 - Pregnant women/teenagers who use substances;
 - Persons who use drugs by injection; and
 - Women and teenagers with young (dependent) children and their families, including women who are attempting to regain custody of their children.

Do behavioral health recipients have a choice of substance abuse providers?

Persons receiving substance abuse treatment services under the SAPT Block Grant have the right to receive services from a provider to whose religious character they do not object. Behavioral health subcontractors providing substance abuse services under the SAPT Block Grant must notify persons of this right using [PM Attachment 3.19.1](#). Providers must indicate that the person has received notice in the person's comprehensive clinical record.

If a person objects to the religious character of a behavioral health provider, the provider must refer the person to an alternative provider within 7 days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the RBHA of the referral and ensure that the person makes contact with the alternative provider. **[RBHA insert who and how providers should notify you of these referrals.]**

What services must be made available to SAPT Block Grant special populations?

The following services must be made available to SAPT Block Grant special populations:

Specialty Programs/Services for Women and Children

Behavioral health providers must provide specialized treatment and recovery support services for women who are pregnant or have young children and their families, including women and teenage mothers who are attempting to regain custody of their children. Services must treat the family as a unit and admit both women and their children into treatment. The following services are provided at the treatment site:

- Delivery or referral for primary medical care for women;
- Delivery or referral for primary pediatric care for children;
- Gender specific substance abuse treatment;
- Therapeutic interventions for children;

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- Child care;
- Case management; and
- Transportation.

[T/RBHA insert specific language for behavioral health providers in regards to providing the specialty program services for women and children]

Interim Services for Pregnant Women/Injection Drug Abuse (Non-Title XIX/XXI only)

Interim services are available for Non-Title XIX/XXI priority populations who are maintained on an actively managed wait list. Title XIX/XXI eligible persons who also meet a priority population type may not be placed on a wait list (see [Section 3.2, Appointment Standards and Timeliness of Service](#)). The minimum required interim services include:

- Education on risks of HIV transmission and the effects of substances on the fetus;
- Risk assessment;
- Referrals for HIV and tuberculosis screening and services; and
- Referrals for primary and prenatal medical care.

HIV Early Intervention Services

RBHAs, and Tribal RBHAs that receive SAPT Block Grant funding, must establish services for HIV risk assessment, pre- and post-test counseling, testing, case management and other supportive services at the site where individuals receive covered services for drug/alcohol abuse disorders. **[RBHA, and Tribal RBHAs that receive SAPT Block Grant funding, insert where/how to access HIV early intervention services]**

Considerations when delivering services to SAPT Block Grant populations

SAPT Block Grant services must be designed to support the long-term recovery needs of eligible persons. Specific requirements apply regarding preferential access to services and the timeliness of responding to a person's identified needs (see [Section 3.2, Appointment Standards and Timeliness of Service](#) for requirements). Behavioral health providers must also submit specific data elements to identify special populations and record limited clinical information (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#) for requirements).

Limitations

SAPT Block Grant funds may be used to support all covered behavioral health services listed in the ADHS/DBHS Covered Behavioral Health Services Guide with the following limitations:

- Grant funds may not be used to make cash payments to recipients of services (Flex Funds).
- Grant funds may not be used to provide covered services in penal or correctional facilities.
- Grant funds may not be used to provide inpatient hospital services.

Grant funds may be used to provide short-term/emergency housing support services (Supported Housing) for enrolled persons. All other expenditures for long-term housing must be delivered in an OBHL licensed setting where persons also receive covered substance abuse services.

3.19.7-B. PATH Grant

This section is not applicable to behavioral health providers contracting exclusively with a Tribal RBHA.

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Who is covered and what populations are prioritized?

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless; and
- Are suffering from serious mental illness; or
- Have a substance abuse disorder and are suffering from a serious mental illness.

Currently, services are prioritized for:

- Homeless persons determined to have a serious mental illness who also have substance abuse issues;
- Persons involved in domestic violence cases, especially when there is a mental health or substance abuse problem;
- Homeless women with children; and
- Elderly homeless persons who have substance abuse dependency issues.

What services are available to PATH Grant special populations?

The PATH Grant provides the following services and assistance:

- Outreach and community education;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transition assistance;
- Hotel vouchers in emergency situations;
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps; coordination of health care; etc.);
- Transition into a behavioral health case management system;
- Assistance in getting prescriptions filled;
- Moving assistance; and
- Housing referrals, both transitional and permanent placements.

PATH grant services are provided through selected behavioral health providers that have contracted with ADHS/DBHS or a RBHA designated to receive PATH funding. To initiate a referral for PATH services, behavioral health providers may contact:

- In Maricopa County: Southwest Behavioral Health Services at (602) 257-9339;
- In Pima County: La Frontera Center at (520) 884-9920; or
- In the NARBHA region: Mohave Mental Health Clinic at (928) 757-8111.

[RBHA add any additional instructions to behavioral health providers attempting to access services under the PATH Grant]

PATH Grant reporting requirements

This section is only applicable to behavioral health providers designated to deliver PATH Grant services.

All designated PATH providers are responsible to submit the following reports to ADHS/DBHS:

- Quarterly reports that include the number of individuals receiving PATH services (see [PM Form 3.19.1](#)). The report is to be submitted to ADHS/DBHS on the 15th day of the month following the last reporting quarter.
- Annual reports, including a narrative and statistical report to ADHS/DBHS. The annual report is due on February 1st of each year. This report includes programmatic and cost data that identifies:

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- The number of individuals served (determined by established demographics); and
- A comprehensive written narrative outlining accomplishments and progress towards meeting program goals.

3.19.7-C. COOL Program

Who is covered?

Persons in the COOL Program are:

- Adult adjudicated parolees with substance abuse issues;
- Persons who have not been determined to have a serious mental illness;
- Persons who have been referred to the program by an assigned community supervision (parole) officer; and
- Persons who have yet to complete court mandated community supervision.

What services are available to COOL Program populations?

Behavioral health services available to persons through the COOL Program are inclusive of the comprehensive array of covered behavioral health services detailed in [Section 3.13, Covered Behavioral Health Services](#) and the [ADHS/DBHS Covered Behavioral Health Services Guide](#).

For persons on parole who are not Title XIX/XXI eligible, behavioral health services are provided to the extent of available funding (see [Section 3.4, Co-payments](#) and [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)).

Screening for Title XIX/XXI eligibility and applying for AHCCCS Health Insurance

Because Arizona Department of Corrections offenders are ineligible to receive Title XIX/XXI benefits while incarcerated, behavioral health providers must screen these persons for Title XIX/XXI eligibility and, as indicated, apply for AHCCCS Health Insurance during the intake process (see [Section 3.1, Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance](#)).

Timeliness of request for services

Persons receiving services through the COOL Program need timely access to necessary behavioral health services. Special requirements exist regarding the responsiveness to a referral initiated under the COOL Program and when a first treatment service must be delivered (See [Section 3.2, Appointment Standards and Timeliness of Service](#) for requirements).

Notification to parole officer

Behavioral health providers processing referrals through the COOL Program must provide written notice to parole officers within 24 hours of acceptance or rejection of the initial request for services (see [Section 3.3, Referral Process](#) for additional details).

Behavioral health providers must notify a person's community supervision (parole) officer within 48 hours of the following:

- Person missing/no show for intake appointment;
- Person refusing services;
- Upon failure to contact the person to initiate services, after a minimum of one contact attempt; and
- Person not adhering to treatment recommendations (leaving the program against the advice of staff or failure to participate in behavioral health services).

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Vocational services

Many persons receiving services under the COOL Program are unemployed and would benefit from job development services. In Maricopa and Pima Counties, the Arizona Department of Corrections employs job developers; therefore, the community supervision (parole) officer must be notified before a behavioral health provider offers supportive employment services to a person involved with the COOL Program in these counties. All other behavioral health providers in the remaining geographic service areas must provide supportive employment services to persons who would benefit from the service.

Demographic and Clinical Data Submission

Behavioral health providers must submit specific data elements to identify COOL Program persons (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#) for requirements).

Exiting the COOL Program

Persons are closed from the COOL Program when community supervision is completed. Behavioral health providers must submit changes in required demographic data per [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#). RBHA enrollment must continue for persons who are Title XIX/XXI eligible and still need behavioral health services. For Non-Title XIX/XXI persons, the continuation of services is contingent on available funding. (See [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#).)

Reporting Requirements

Offender attendance verification reports must be submitted to the community supervision (parole) officer every month. The reports include the type of service, date of service and whether or not the person attended the service. **[RBHA include information regarding where providers must submit the attendance verification reports]**